



## Education Internship Volunteer Application

### PERSONAL DATA

Name (last, first, middle)		Social Security Number	
Street Address	City	State	Zip
Home Telephone Number	Business Telephone Number	Message Telephone Number	
Date you can start work		Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### POSITION INFORMATION

This is a temporary position. Duty hours may vary; check all that you are willing to work.

Hours: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Intermittent <input type="checkbox"/>	Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/>		
If employed in this position, would you be in a supervisory or subordinate relationship to any family members? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a crime other than a minor traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			

### QUALIFICATIONS

Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

	School Name/Address City/State	From Mo - Year	To Mo - Year	Degree Received	Areas of Specialization
College					
Vocational/Technical					
Other					

### SPECIAL SKILLS/GOALS

Please list any special skills or experience that you feel would help you in the position. List two academic and two personal goals you hope to attain if you are chosen for this position.

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### REFERENCES

Please list three references not related to you, with full name, address, phone number, and relationship. An academic, employment and personal reference is required.

Name	Address/City/State	Phone	Relationship

**WORK HISTORY** Start with your present or most recent paid or unpaid experience and work back two years. Use a separate sheet if necessary.

<b>Job Title #1</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? Yes ☐ No ☐ N/A ☐

<b>Job Title #2</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

<b>Job Title #3</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

<b>Job Title #4</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

*I declare that all the foregoing statements are true and correct to the best of my knowledge. I authorize the "Employer" to conduct a background check, including criminal history and driving record; and to contact my present and past employers, schools, and references to determine my suitability for employment. I hereby release the "Employer" from all liabilities resulting from these inquiries.*

Applicant Signature

Date